

REQUEST FOR USE OF EXTENDED SERVICE EMPLOYEE*

For retirees formerly on pay grade 15 or higher

Employee's Name:

Division/Office:

Organizational Unit:

Department ID:

Specify, in detail, the basis for the request and the duties to be performed by the employee:

Specify the time period for this employment:

From:

To:

Proposed Hourly rate: \$

Signature of Division/Office Director or Designee

☐ **Approved**

☐ **Disapproved**

Signature of Division/Office Director or Designee

Date

Following Division/Office Director approval, this completed form should be sent to Mary Walker in the OHRMD Operations and Benefits Section for the Commissioner's signature and further routing.

Signature of DHR Commissioner or Designee

☐ **Approved**

☐ **Disapproved**

Signature of Commissioner or Designee

Date

*** EXTENDED SERVICE EMPLOYEES ARE LIMITED BY GEORGIA LAW TO NO MORE THAN 1,040 HOURS OF WORK PER CALENDAR YEAR.**